



# Clandestine Drug Lab Decontamination Training Provider Application Form

The fee for **initial** certification of a worker course or a supervisor course is \$1000 (effective September 2, 2006). The fee for **renewal** certification of a worker course or a supervisor course is \$750. Certifications are valid for two years.

Make check payable to: **Washington State Department of Health.**

**Send the completed application, fee and a copy of your WA State Business License to:**

Washington State Department of Health  
Revenue Division  
Post Office Box 1099  
Olympia, Washington 98507-1099

**Send other application information as required in WAC 246-205-040 to:**

Washington State Department of Health  
Clandestine Drug Lab Program  
P.O. Box 47825  
Olympia, WA 98504-7825

|   |       |       |
|---|-------|-------|
| Firm Name (Business name used in Washington as it appears on your Business License) |       |       |
| Mailing Address   |       |       |
| City  | State | Zip+4 |
| Signature   |       | Date  |

**IF APPLICABLE, COMPLETE THE FOLLOWING (Attach additional pages if needed):**

|  |   |                                    |
|--|---|------------------------------------|
| List clandestine laboratory clean up sites you have participated in over the past two years. Include complete site addresses and designate your role as <b>Contractor</b> , <b>Supervisor</b> or <b>Worker</b> . |   |                                    |
| C, S, W  |   |                                    |
| C, S, W  |   |                                    |
| My decontamination contractor, supervisor or worker certification is not and was never suspended or revoked by a local, state, or federal agency.  |   |                                    |
| Subscribed and Sworn to Before Me this date  | I hereby apply for a decontamination contractor training certification course, as described in Washington Administrative Code (WAC) 246-205. I have read, I understand and agree to comply with all federal, state, and local regulations. I understand violation of these regulations could constitute grounds for suspension or revocation of this certificate.<br>I hereby certify that the statements on this application are true and accurate to the best of my knowledge. [See Chapter 18.106 Revised Code of Washington (RCW) for False Statement or Material Misrepresentation.] |                                    |
| Notary Public  |   |                                    |
| Residing at  |   |                                    |
| My Commission Expires  | Date  | Principal Owner's signature in ink |